

Hawaii PROGRAM IMPROVEMENT PLAN (PIP) Final Report

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Key Areas Needing Improvement from the Child and Family Services Review (CFSR)

- Timely response to reports
- Actions to address the risk of harm to children
- Involvement of the family and child in case planning
- Less re-entry into foster care and more stability in foster placements
- Face-to-face contacts with children, parents and foster parents
- Quality assurance monitoring and continuous system improvement

PIP Priorities

- Ensure child safety by a timely response to all reports of child abuse and neglect accepted for investigation by Child Welfare Services (CWS).
- Conduct ongoing safety, risk and needs assessments on all children and families in cases active with CWS.
- Ensure that every family and every child are actively involved in developing their case plan.
- Ensure that every child in our care, every family and every foster family are visited at least once a month by the assigned caseworker and afforded the opportunity of a face-to-face interview in cases active with CWS.

State Overview of PIP Monitoring Function

The State is monitoring the progress of the PIP in several different ways:

- Reviewing of the National Standards for permanency and safety,
- Conducting Quality Case Reviews quarterly in selected sites,
- Completing Supervisory Reviews of selected cases,
- Tracking completion of PIP work plan benchmarks and
- Receiving feedback from the community and staff on PIP initiatives.

State Overview of PIP Progress

Hawaii has demonstrated significant and credible progress toward achieving our goals during the two years of the PIP. The efforts of the agency and community partners and stakeholders in developing and implementing what can only be called a complete overhaul of our CWS system, amply demonstrates the ability and commitment of our CWS staff, Federal partners, community stakeholders, service providers, Courts, the Lingle-Aiona Administration, the Legislature, and others who have stepped forward to assist us in our efforts.

Maintenance of progress:

Maintaining the many initiatives in the PIP is assured for the next State Fiscal year, but future funding is not certain. This may not have an impact in the short term during the duration of the PIP, but it could impact on the sustainability of the progress we make during the PIP leading to the next CFSR.

State overview of Staffing Changes that Impact PIP

- The State has been extremely fortunate that during the PIP there were no staffing changes in personnel, both internal and external, who were essential to ensure effective PIP operations. Without the commitment, dedication, and competency of the CWS staff and others, we would not have made the progress we have demonstrated during the PIP.
- However, key CWS staff are still stretched far too thin. This situation started with the initiation and implementation of the PIP and has not improved. We are still faced with the reality that there is insufficient staffing to develop, organize, produce, and successfully implement plans, tools, etc., and continue to maintain normal operations that are required beyond the PIP requirements.

PIP Renegotiation

Although the 19 items needing improvement in the negotiated Program Improvement Plan (PIP) have been included in this report, the 7 items (indicated by an *) were negotiated at the end of the first year of the State's PIP with our Federal partners for Hawaii to continue to monitor in the PIP. The items that Hawaii was required to continue to monitor and report progress in the PIP included the following item #'s: **(1), (4), (7), (17), (18), (19) and (23)**. The goals for the seven items remaining for monitoring and reporting were renegotiated resulting in achievement of the goals for strengths in all of the items in Hawaii's PIP.

There was also a subsequent renegotiation to adjust the Hawaii baseline that is used to measure goal achievement from the baseline extracted from the results of the CFSR to baselines that reflect baseline data obtained during Hawaii's review of cases during the first year of the PIP.

During the PIP, in collaboration with our Federal partners, we also renegotiated requirements that could not be adequately or completely implemented, evaluated or monitored during the PIP. These requirements included evaluation of the Differential Response System, monitoring the effectiveness of PIP initiatives and making changes to as needed. Examples of collaboration and plans to strengthen these requirements were included in the Hawaii Child and Family Services Plan (CFSP), which spans five years. The Department has not been released from the requirements and will be required to report on our progress toward accomplishment of the requirements in our Annual Report to the Administration for Children and Families.

Safety Outcome 1: Protection from Child Abuse and Neglect

Item 1: Timeliness initiating investigation of reports of child maltreatment*

State's PROGRAM IMPROVEMENT PLAN Goal: 56.6%

Highest Level of Achievement: 58.5%

Exceeded goal during the second year.

Baseline	Quarter 5 Date: 9/05	Quarter 6 Date: 11/05	Quarter 7 Date: 3/06	Quarter 8 Date: 5/06
52.6%	50.0%	54.8%	55.1%	58.5%

*Required continuing monitoring the second year of the PIP.

Item 2: Repeat maltreatment

State's PROGRAM IMPROVEMENT PLAN Goal: 85.0%

Baseline: 94.0%

Highest Level of Achievement: 98.0%

Not required to report the second year since exceeded the goal the first year of the PIP. Hawaii also exceeded the federal standard for this CFSR (90%) and the upcoming CFSR (95%).

National Standard – Incidence of CA/N in Foster Care (0.57% or less) + State's PROGRAM IMPROVEMENT PLAN Goal: 0.95%

Baseline	Quarter 1 Date: 7/1/04- 9/30/04	Quarter 2 Date: 10/1/04- 12/31/04	Quarter 3 Date: 1/1/05- 3/31/05	Quarter 4 Date: 4/1/05- 6/30/05
1.31%	0.10%	0.44%	0.20%	0.20%

Baseline	Quarter 5 Date: 7/1/05- 9/30/05	Quarter 6 Date: 10/1/05- 12/31/05	Quarter 7 Date: 1/1/06- 3/31/06	Quarter 8 Date: 4/1/06- 6/30/06
1.31%	0.40%	0.50%	0.20%	0.10%

+ Hawaii has exceeded the final PIP goal and met this national safety standard for the entire PIP.

Safety 1 goals or action steps that have been achieved:

- Implemented intake, safety and risk assessment tools, instructions, and training.
- Implemented expansion and enhancement of existing Differential Response Services.
- Established Crisis Response Teams.
- Brought up case management services to voluntary cases.
- Met national standard for reducing maltreatment in foster care.
- Decreased average statewide CWS worker caseload from 24 families to 18 families. (Based on point in time analysis of caseloads conducted on February 13, 2004 and October 17, 2006).

Safety Outcome 2: Children Safely Maintained in Their Homes

Item 3: Services to family to protect child(ren) in home and prevent removal (This was found to be a strength for the State during the CFSR and was not addressed in Hawaii's PIP.)

Item 4: Risk of harm to child(ren)*

State's PROGRAM IMPROVEMENT PLAN Goal: 82.7%

Highest Level of Achievement: 84.6%

Exceeded the goal the second year.

Baseline	Quarter 5 Date: 9/05	Quarter 6 Date: 11/05	Quarter 7 Date: 3/06	Quarter 8 Date: 5/06
78.7%	84.6%	82.3%	80.4%	83.2%

*Required continuing monitoring second year of the PIP.

Safety 2 goals or action steps that have been achieved:

- Encouraged staff to ensure data is entered correctly into the Department's Child Protective Services System (CPSS) database.

- Worked together with Court Improvement Program (CIP) to ensure that petitions would be filed by CWS workers based on their assessment of the safety and risk to the child rather than their expectation of the outcome of a Family Court hearing.

Permanency Outcome 1: Permanency and Stability in Living Arrangements

Item 5: Foster care re-entries

State's PROGRAM IMPROVEMENT PLAN Goal: 72.0%

Baseline: 70.0%

Highest Level of Achievement: 100.0%

Not required to report second year since exceeded the goal the first year of the PIP. Hawaii also exceeded the federal standard for this CFSR (90%) and the upcoming CFSR (95%).

Re-entry of children into foster care was one of the 19 (out of 23 total reviewed) items that Hawaii addressed as part of the PIP. It was measured through a review of randomly selected foster care cases reviewed by state and community stakeholders to determine the percentage of those exhibiting strengths and those needing improvement on a quarterly basis. (The period under review for these cases was the first day of the sampling period used to select on-site cases for review through the actual review date.) The example cited that the state achieved 100% was in April 2005 which had a total of 11 cases of re-entry into foster care which were all strengths resulting in 100% strengths in the 4 review sites.

National Standard – Foster care re-entries (8.6% or less)++

State's PROGRAM IMPROVEMENT PLAN Goal: 8.8%

Baseline	Quarter 1 Date: 7/1/04- 9/30/04	Quarter 2 Date: 10/1/04 - 12/31/04	Quarter 3 Date: 1/1/05- 3/31/05	Quarter 4 Date: 4/1/05- 6/30/05
10.6%	11.3%	11.2%	10.1%	12.8%
Baseline	Quarter 5 Date: 7/1/05- 9/30/05	Quarter 6 Date: 10/1/05 - 12/31/05	Quarter 7 Date: 1/1/06- 3/31/06	Quarter 8 Date: 4/1/06 - 6/30/06
10.6%	11.1%	11.7%	12.8%	11.4%

++ Hawaii only fell below the baseline of 10.6% one quarter during the PIP. The state will continue to monitor the progress toward meeting the goal during Federal Fiscal Year 2007 (October 1, 2006-June 30, 2007), as well as to conduct further analyses.

(Measurement of the State's movement toward achieving the National Standard of 8.6% or fewer foster care re-entries answered the question: "Of all children who entered care during the year, what percentage re-entered foster care within

12 months of a prior foster care episode?" This data was collected and calculated quarterly and annually on a statewide basis for each of the two years of the PIP.)

Item 6: Stability of foster care placement

State's PROGRAM IMPROVEMENT PLAN Goal: 79%

Baseline: 77.0%

Highest Level of Achievement: 81.3%

Not required to report second year since exceeded goal first year of the PIP.

Hawaii addressed as part of the PIP during the first year. It was measured through a review of a randomly selected foster care cases reviewed by state and community stakeholders to determine the percentage of those exhibiting strengths and those needing improvement on a quarterly basis. (The period under review for these cases was the first day of the sampling period used to select on-site cases for review through the actual review date.) The example cited that the state achieved 83.3% strengths was in January 2005 which had a total of 26 strengths and 6 areas needing improvement in cases reviewed regarding stability in foster care in the 4 review sites.

National Standard – Stability of foster care placement (86.7% or more) +++
State's PROGRAM IMPROVEMENT PLAN Goal: 86.48%

Baseline	Quarter 1 Date: 7/1/04-9/30/04	Quarter 2 Date: 10/1/04-12/31/04	Quarter 3 Date: 1/1/05-3/31/05	Quarter 4 Date: 4/1/05-6/30/05
84.5%	85.1%	85.0%	85.6%	85.6%

Baseline	Quarter 5 Date: 7/1/05-9/30/05	Quarter 6 Date: 10/1/05-12/31/05	Quarter 7 Date: 1/1/06-3/31/06	Quarter 8 Date: 4/1/06-6/30/06
84.5%	84.2%	83.8%	83.0%	82.2%

+++ Hawaii moved toward meeting the national standard for stability of foster care by exceeding our baseline for the first five quarters of the PIP. The state will continue to monitor the progress toward meeting the goal during Federal Fiscal Year 2007 (October 1, 2006-June 30, 2007) , as well as to conduct further analyses.

(Measurement of the State's movement toward achieving the National Standard of 86.7% or more with fewer foster care placement changes, which has been referred to as stability, answered the question: "Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings?") This

data was collected and calculated quarterly and annually on a statewide basis for each of the two years of the PIP.)

Item 7: Permanency goal for the child*

State's PROGRAM IMPROVEMENT PLAN Goal: 67.3%

Highest Level of Achievement: 78.1%

Exceeded the goal the second year of the PIP.

Baseline	Quarter 5 Date: 9/05	Quarter 6 Date: 11/06	Quarter 7 Date: 3/06	Quarter 8 Date: 5/06
63.3%	70.9%	70.5%	78.1	68.0%

*Required continuing monitoring during the second year of the PIP.

Item 8: Reunification, guardianship or permanent placement with relative

State's PROGRAM IMPROVEMENT PLAN Goal: 64.0%

Baseline: 60.0%

Highest Level of Achievement: 77.3%

Not required to report the second year since exceeded the goal the first year of the PIP.

National Standard – Length of time to achieve reunification (76.2% or more)

Hawaii was not required to include this national standard in the PIP since the standard was found to be met during the Child and Family Services Review (CFSR).

Item 9: Adoption

State's PROGRAM IMPROVEMENT PLAN Goal: 69.0%

Baseline: 67.0%

Highest Level of Achievement: 71.4%

Not required to report second year since exceeded the goal the first year of the PIP.

National Standard – Length of time to achieve adoption (32% or more)

Hawaii was not required to include this national standard in the PIP since the standard was found to be met during the Child and Family Services Review (CFSR).

Item 10: Permanency goal of other planned permanent living arrangements

This goal was not required to be monitored in the PIP during the second year.

Permanency 1 goals or action steps that have been achieved:

- Increased worker contact to be inclusive in case planning, to better support the foster/adoptive families, to expedite movement towards permanency, etc.
- Increased the utilization of Ohana Conferencing from a baseline of 735 in State Fiscal Year (SFY) 2004 to 1,445 in SFY 2006.
- Implemented Ohana Outreach statewide.
- Implemented Project E Ho'olokahi a Malama ka Ohana in the First Circuit courtrooms that hear Chapter 587 cases.
- Trained new hire child welfare staff, including Voluntary Case Management staff, in Ohana Conferencing.
- Established Ohana Conferencing procedures for utilization of services prior to reunification for voluntary foster custody cases.
- Issued Policy Announcement (PA 2005-1) directive for staff to provide access to Ohana Conferencing at the request of any party.
- Began work through EPIC to with the Family Strengthening and Support Services (FSSS) to identify protocols for providing Ohana conferences for families participating in their programs.
- Begun work with the Family Strengthening and Support Services providers to identify protocols for providing Ohana Conferences for families participating in their programs. EPIC is also working with some of the Neighborhood Place programs to initiate conferencing for identified families.
- Collaborated with EPIC to develop a support service to help find family members who may be willing to provide foster care for children in emergency shelters, newborn babies at hospitals and children from birth to age five who are in general licensed foster homes.
- Issued a Policy Announcement (PA 2005-5) directive to affirm Child Welfare Services Branch's policy to seek and assess relatives or kin as foster, adoptive, and/or permanent placement resources for the foster children.
- Improved communication systems to disseminate information to foster/adoptive parents through various efforts (website enhancements, training committees, trainings, Child Welfare Services guide, Ohana Conferencing, Kokua Ohana, PIP efforts on information to be given specific cases, etc.)
- Contracted statewide expansion of child-specific trainings in collaboration with the Hawaii Foster Parent Association in 2005. The Child Welfare Services Branch (CWSB) is in contract negotiations to finalize procurement of "A Statewide, All-inclusive, Integrated and Collaborative Initiative for the Identification, Recruitment, Screening, Training, Ongoing Support and Retention of Resource Families." Training of both child-specific and general licensed families will be coordinated by a lead/prime contractor and multiple entities.
- Expanded community and state training through partnering with National Resource Centers (NRC's), e.g., National Resource Center for Special Needs Adoption; National Resource Center for Family-Centered Practice

and Permanency Planning; National Resource Center for Child Protection, and AdoptUsKids.

- Developed and implemented a Feedback Process from Foster/Adoptive Parents.
- Increased Service Array through Purchase of Services such as Comprehensive Counseling and Support Services, continuation of title IV-B-2 Post Permanency Services and community services.
- Improved stability of placements through implementation of a multi-level review process (supervisory and quarterly case reviews and the Continuous Quality Improvement Council); increased worker contact; improved access to mental health services; new initiatives to improve support and trainings for foster parents; multiple trainings for staff and supervisors in engaging and partnering with families, etc.)
- Developed initiatives such as Partners in Development Foundation-Kokua Ohana and HOPE to bring forth new partners to help support the foster families and sustain placements.
- Established a process for discussing Concurrent Permanency Planning with Family Court to review issues such as Adoption and Safe Family ASFA timelines, hearing continuances, appellate process, court documents, etc.
- Issued revised Concurrent Permanency Planning procedures to DHS staff and shared with community partners, including Family Court, Hawaii Foster Youth Coalition (HFYC), and the Hawaii Foster Parents Association (HFPA).
- Issued revised Independent Living Services to DHS staff and shared with community partners including Family Court, HFYC, HFPA, purchase of services independent living program (ILP) services providers.
- Initiated direct mailings to youth in foster care age 14 years or older:
 - March 2006: HFYC calendar, overview of independent living services (ILP service providers, higher education board allowance, ETV and continuing medical coverage);
 - July 2006: HFYC newsletter, and ETV guidelines and application to youth receiving higher education benefits.
- Established an ILP web page on the Department's website. Web page information shared with community stakeholders.
- Continued support of Hawaii Foster Youth Coalition (HFYC) outreach, Independent Living Program (ILP) conference, participation and presentation in training.

Permanency Outcome 2: Preservation of Family Relationships and Connections

Item 11: Proximity of foster care placement (This was found to be a strength for the State during the CFSR and was not addressed in the PIP.)

Item 12: Placement with siblings (This was been found to be a strength for the State during the CFSR and was not addressed in the PIP.)

Item 13: Visiting with parents and siblings in foster care

State's PROGRAM IMPROVEMENT PLAN Goal: 65.0%

Baseline: 61.0%

Highest Level of Achievement: 74.2%

Not required to report the second year since exceeded the goal first year of PIP.

Item 14: Preserving connections

State's PROGRAM IMPROVEMENT PLAN Goal: 84.0%

Baseline: 81.0%

Highest Level of Achievement: 87.9%

Not required to report the second year since exceeded the goal the first year of the PIP.

Item 15: Relative placement

State's PROGRAM IMPROVEMENT PLAN Goal: 83.0%

Baseline: 81.0%

Highest Level of Achievement: 93.9%

Not required to report the second year since exceeded the goal the first year of the PIP. Exceeded the federal standard level of 90% for the period covered under this PIP.

Item 16: Child in care/relationship with parents

This goal was not required to be monitored in the PIP during the second year.

Permanency 2 goals or action steps that have been achieved:

- Implemented Ohana Outreach statewide. In SFY 2005, there have been 29 Outreach meetings. Trained new hire child welfare staff in Ohana Conferencing to increase the use of Ohana conferencing statewide.
- Began representation to the court improvement advisory committee to review permanency issues, relative placements, court documents, etc.
- Developed a multi-level review process: supervisory reviews & quarterly case reviews to increase relative placements, visitations, concurrent planning and permanency, etc.
- Issued a Policy Announcement (PA 2005-5) directive for staff to support, strengthen, and maintain family connections through kinship placement of children and provided multiple trainings to staff and community (CWLA, NRC's, etc.)

- Developed and implemented Policy Announcement (PA-2005-6) directing staff to maintain and enhance family connections for children under voluntary, court-ordered, and permanent custody of DHS.
- Increased visitation with parents and siblings through requirements in case planning, including documentation.

Well Being Outcome 1: Families with Enhanced Capacity to Provide for Children's Needs

Item 17: Needs and services of child, parents, foster parents*

State's PROGRAM IMPROVEMENT PLAN Goal: 54.0%

Highest Level of Achievement: 62.3% during second year.

Exceeded the goal.

Baseline	Quarter 5 Date: 9/05	Quarter 6 Date: 11/05	Quarter 7 Date: 3/06	Quarter 8 Date: 5/06
50%	58.5%	62.3%	57.7%	57.2%

*Required continuing monitoring second year of the PIP.

Item 18: Child and family involvement in case planning*

State's PROGRAM IMPROVEMENT PLAN Goal: 50.5%

Highest Level of Achievement: 70.0%

Exceeded the goal.

Baseline	Quarter 5 Date: 9/05	Quarter 6 Date: 11/05	Quarter 7 Date: 3/06	Quarter 8 Date: 5/06
46.5%	62.7%	70.0%	58.9%	61.5%

*Required monitoring the second year of the PIP.

Item 19: Worker visits with child*

State's PROGRAM IMPROVEMENT PLAN Goal: 51.6%

Highest Level of Achievement: 52.8% during second year of PIP

Exceeded the goal.

Baseline	Quarter 5 Date: 9/05	Quarter 6 Date: 11/05	Quarter 7 Date: 3/06	Quarter 8 Date: 5/06
47.6%	50.0%	52.8%	48.8%	51.0%

*Required monitoring the second year of the PIP.

Item 20: Worker visits with parent(s)

State's PROGRAM IMPROVEMENT PLAN Goal: 41.0%

Baseline: 35.0%

Highest Level of Achievement: 60.0%

Not required to report in second year since exceeded the goal the first year of the PIP.

Well Being 1 goals or action steps that have been achieved:

- Developed draft Service and Treatment Record Treatment Guide.
- Held statewide community meetings which reinforced the Department's position that family involvement in assessment and case planning is essential and at least monthly visits by the worker with parents, children and foster parents are expectations.
- Held staff briefings statewide that emphasized the importance of workers visiting children, parents and foster parents.
- Developed a Child Protective Services System screen, which will allow the CWS workers to document their visits.
- Modified the Child Protective Services System (CPSS) to require input in existing data fields and created new summary functions that enabled the capture and summary retrieval of information relating to worker visits without additional work for the user.
- Issued an Internal Communication Form (ICF) directing staff to include caregivers in case planning and review hearings.
- Increased efforts to appropriately include caregivers in case planning.
- Initiated collaboration with the National Resource Center (NRC) for Family Centered Practice and Permanency Planning, began revision of procedures and held statewide workshops to emphasize the importance of family connections. Ongoing collaboration continues with participation of external stakeholders such, the Court, Children's Justice Center and HSFP.

Well Being Outcome 2: Educational Needs

Item 21: Educational needs of the child (This was a strength for the State during the PIP and was not addressed in the PIP.)

Well Being Outcome 3**Item 22: Physical health of the child**

This item was not required to be monitored and reported in the second year of the PIP.

Item 23: Mental health of the child*

State's PROGRAM IMPROVEMENT PLAN Goal: 45.2%

Highest Level of Achievement: 54.5%

Baseline	Quarter 5 Date: 9/05	Quarter 6 Date: 11/05	Quarter 7 Date: 3/06	Quarter 8 Date: 5/06
41.2%	48.4%	53.6%	54.1%	54.5%

*Required continuing monitoring second year of the PIP.

Well Being 3 goals or action steps that have been achieved:

- Established collaboration by Social Services Division, Med Quest Division (MQD) and Benefit Employment Support Services Division to identify issues to be addressed to improve foster children's access to medical services.
- Revised MQD procedures to promote improved foster children's access to medical services.
- Increased coordination efforts with the Department's Med Quest Division to address issues with access to Early Periodic Screening Diagnosis and Treatment (EPSDT) and other medical and mental health and developmental testing services for CWS children. (Developed and disseminated EPSDT Request Form to CWS staff to give to foster parents.)
- Coordinated with health plans' EPSDT coordinators to contact health plan physicians who say that they are not familiar with EPSDT.
- Collaborated with Hawaii Foster Parents Association to include an article on EPSDT in the Hawaii Foster Parent Association's February 2006 newsletter.
- Disseminated brochures on EPSDT to foster parents and other attendees at the annual fall 2005 Foster Parents Conference.
- Promoted meeting children's dental needs through informing CWS staff on how to access dental care for CWS children. (Over 800 brochures on accessing dental care have been distributed to CWS sections statewide. CWS sections have been informed about the availability of in-service trainings by the MQD contracted company that facilitates obtaining dental care for QUEST and Medicaid covered children.)
- Promoted documenting updated medical and dental information of children with open cases and sharing information with foster parents through issuance of an Internal Communications Form (ICF) and reinforcing the policy in training.
- Funded and will implemented the Kapiolani Medical Center CARE (Child at Risk Evaluation) program.

- Strengthened coordination with Department of Health-Children and Adolescents Mental Health Division (DOH-CAMHD).
- DOH-CAMHD developed data capturing methodology on Support for Emotional and Behavioral Development (SEBD) referrals for CWS involved children.
- Expedited SEBD determinations through DOH-CAMHD and DHS-CWS collaboration to provide training to CWS staff who were certified to administer the Child and Adolescent Functioning Assessment Scale (CAFAS) which is required for SEBD determinations.
- Collaboration between CWS Section Administrators and Department of Health (DOH) Family Guidance Center Branch Chiefs on a quarterly or as needed basis to discuss children for whom there are difficulties in completing the SEBD determination or providing services determination and services helped expedite the determinations for CWS children.
- Collaborated with DOH-CAMHD in developing a Memorandum of Agreement to provide DHS-CWS monies to obtain psychological evaluations for children being referred for SEBD DOH-CAMHD now accepts CWS children for emergency placement into therapeutic foster homes, pending SEBD determination.
- Began participating with Statewide Interagency Quality Assurance Committee in March 2005. DOH, Department of Education (DOE), DHS representatives are on this committee. Purpose of the committee is to identify and address systemic problems affecting the children serviced by these departments. Representatives from the Department of Health's Alcohol and Drug Addiction Division (ADAD) and Family Court joined the committee in SFY 2006.
- Collaborated with DOH-CAMHD to provide improved access to mental health services and Medicaid to provide services to families who adopt the "waiting children".
- Continued collaboration (intra and interdepartmental) to increase other possibilities, such as working with DOH-DD to help with recruitment and retention for the Children with Mental Retardation and Autism
- Collaborated with the Department of Health (DOH) to implement the Enhanced Healthy Start Program which was implemented initially on the island of Hawaii in November 2004 and statewide in November 2005.
- Collaborated with the DOH to make referrals to either public health nurses, Enhanced Healthy Start or DOH Early Intervention for developmental testing on young children once deemed to be needed by physicians under EPSDT.

Systemic Factors

(1) Statewide Information System

(This has been found to be a strength for the State and was not addressed in the PIP.)

(2) Case Review System

Goals/action steps that have been achieved:

- Developed a draft service record that will be used with clients to plan, schedule and track services.

(3) Quality Assurance System

Goals/action steps that have been achieved:

- Developed supervisory review tool and procedures for case reviews.
 - Revisions to the tool are being considered to meet the needs of supervisors.
- Implemented the supervisory case review process statewide.
 - Conducted monthly reviews by all supervisors
 - Provided quarterly review findings to supervisors and Section Administrators to monitor and improve practice.
 - Continued to modify review process in an effort to improve data collection and analysis for management.
- Developed and implemented a comprehensive quality case review process utilizing the Federal Child and Family Services Review (CFSR) Instrument, training curriculum, random sampling, community/agency team reviewers in eight selected sites to represent the State.
 - Conducted two reviews in every Section during the PIP.
 - Planned changes to review process are being considered to include case debriefings with workers and supervisors.
 - Increased recruitment efforts/strategies to engage community stakeholders. Received positive feedback from community stakeholders statewide regarding their involvement in the review process.
 - Developed a process to ensure accountability for and response to review findings.
 - Summarized review findings in a comprehensive reports to the Sections.
 - Required an Action Plan that addresses strategies to sustain superior performance and improve areas of concern based on findings from case reviews, supervisory review data and outcomes reports. Monitored Action plans with Statewide CQI Council.
- Conducted case reviews for Differential Response System jointly with the National Resource Center for Child Protective Services.
 - Monitored application of safety assessments and reviewed decision-making process.

- Discussed findings with providers and CWS Section Administrators and identified training needs. Modified procedures based on review findings.
 - Conducted Random case reviews of the Voluntary Case Management cases.
 - Began development of statistical reports to review indicators of program effectiveness.
- Conducted Data Analysis Training
 - Trained Section Administrators how to analyze data from National Data Standards Outcome Reports, Supervisory Review Reports and Quality Case Review reports in order to assess practice outcomes within their Section.
 - Ongoing training and CQI meetings are being conducted with Program Development and Section Administrators to improve CQI System.
- Instituted Statewide Continuous Quality Improvement Council consisting of community stakeholders, line staff, birth parents, foster parents and partner agencies to meet quarterly and review CQI data and recommend improvements.
- Identified additional data sources including Serious Harm, Re-Harm and Child Death Cases, Administrative Hearings, Administrative Review Panel findings and Permanent Custody child listings to be incorporated into the CQI system.

(4) Training

Goals/action steps that have been achieved:

- Developed and implemented an updated training plan for new hire staff.

Developed, revised and trained supervisors and section administrators on the Training Practice Integration Plan (TPIP): Transfer of Learning components-1) Review of training week between supervisor and new employee; 2) quarterly feedback between supervisor/section and Staff Development.

- Expanded new hire training to include a statewide On the Job Training (OJT) schedule, Part II Skill building component and 5 computer based modules.
- Established a policy work group for training during the PIP.
- Signed a Memorandum of Agreement with the University of Hawaii, School of Social Work to expand the training academy to develop training curricula, assist with agency training, coordinate field instruction and evaluate trainings.
- Established training sub-committee through the training policy committee and began to review training curricula (e.g., core and in-service for supervisors and managers, in-service for foster parents and adoptive parents and in-service for line staff) to recommend to DHS for core and in-service training.
- Searched for a Director of Training, Director of Evaluation, Field Instructor, Evaluator, and Training Coordinator under the DHS Agreement with the University of Hawaii, School of Social Work. Interviews with applicants for the five positions in the expanded training academy began by the University/DHS Academy New Positions Review Committee in August 2005 and were completed in September 2005. All staff were on board before the end of the PIP except the Training Coordinator whose position had to be re-advertised. Applications were screened and selected applicants were interviewed for the Training Coordinator. A Training Coordinator has been offered and accepted the position post PIP.
- Signed a Memorandum of Agreement with the University of Hawaii, School of Law to assist with training, evaluation/curriculum projects, and future multi-disciplinary projects. (First cohort of students began in summer 2005.)
- Provided substance abuse training through community providers. Contracted statewide expansion of child-specific trainings in collaboration with the Hawaii Foster Parent Association in 2005.
- Expanded community and state training through partnering with National Resource Centers (NRC's), e.g., The National Child Welfare Resource Center for Adoption; National Resource Center for Family-Centered Practice and Permanency Planning; National Resource Center for Child Protection; AdoptUSKids; Maui Community College, community and mainland experts: Hawaii Foster Parent Association, Hawaii Foster Youth Coalition, Hale Kipa, Hawaii Behavioral Health, Kapiolani Child Protection Center, Dr. Pablo Stewart, Ms. Emi Uyehara and Substance Abuse Free Environment (SAFE), Bishop Blake and Michael Redden, Harvest Family Life, training and consultation regarding recruitment and retention of foster and adoptive parents through faith-based partnerships.
- Expanded funding for Foster Parent Training Committee training requests for Fiscal Years 2005-2007.
- Issued RFP and selected contractor for Trainings for licensure and for Ongoing foster parent trainings.

- Developed and pilot tested supervisory curricula through the expanded Training Academy. Began scheduling of Supervisory cohorts for implementation of the training statewide in State Fiscal Year 2007.
- Developed draft training evaluation plan as part of the expanded Training Academy. Incorporated finalization of evaluation plan into the CFSP.
- Incorporated plans to develop and implement ongoing curricula and training for managers, workers and paraprofessionals in the State's Child and Family Services Plan (CFSP).
- Developed training addressing research and practice implications of kinship care through Child Welfare League of America and provided statewide training to staff and community partners at 13 sites.
- Participated with judiciary and Court Improvement Program (CIP) team on the National Judicial Leadership Summit on the Protection of Children.
- Developed a planning agreement with university partners to implement a BSW distance education program to support entry-level staff in child welfare.
- Provided initial training supporting kinship care for Section Administrators, Supervisors, Child Welfare Services Branch, Court personnel, and vendors.
- Expanded field placements for MSW students to other islands through the University of Hawaii School of Social Work (UHSSW) agreement.

(5) Service Array

Goals/action steps that have been achieved:

- Increased Family Strengthening Services 3-6 weeks to 6 months of services, with a corresponding expansion of funding from \$700,000 statewide to over \$1,000,000 per year
- Incorporated Voluntary Case Management Services into the current comprehensive counseling contracts. These new services will be funded at over \$3,000,000 per year.
- Provided of an additional \$1,000,000 per year for expanded intensive home-based, individual and family counseling, group treatment, outreach and visitation services, including transportation services for children and adults to facilitate their participation in services.
- Created of the Hawaii Youth Advocacy Program at \$2,700,000 per year, to provide intensive community-based prevention services to youth at risk and their families.
- Replaced \$296,667 in Legislative Grant-in-Aid funding, for Neighborhood Places to enhance diversion services.
- Substituted \$200,000 in Legislative Grants-in-Aid funding, to maintain Family Centers in Kalihi and Kaneohe.
- Provided of \$85,000 in West Hawaii to encourage and support Hawaiian and faith-based recruitment of foster homes.
- Allocated \$70,000 per year in state matching funds, to enable the state to

receive a \$715,536 grant from the Administration of Native American's grant to encourage recruitment of faith-based and Native Hawaiian foster homes for children.

- Increased availability of substance abuse assessment and treatment services for our TANF eligible clients through collaboration with our BESSD Division.
- Provided \$300,000 for enhanced Healthy Start pilot projects in East and West Hawaii.

(6) Agency Responsiveness

(This has been found to be a strength for the State and was not addressed in the PIP.)

(7) Licensing/Recruitment

Goals/action steps that have been achieved:

- Began initial Work towards the development of ongoing Foster/Adoptive Parent Training.
- Contracted statewide expansion of child-specific trainings in collaboration with the Hawaii Foster Parent Association.
- Expanded community and state training through partnering with National Resource Centers (NRC's), e.g., National Resource Center for Special Needs Adoption; National Resource Center for Family-Centered Practice and Permanency Planning; National Resource Center for Child Protection, and AdoptUsKids
- Reinforced/clarified licensing standards with licensing sections and reinforced teamwork efforts between licensing staff and other units to minimize disruptions of child-specific placements through teleconferences, meetings with Section Administrators, emails and ongoing communication to clarify issues, working with the Information and Technology offices, etc.
- Participated in AdoptUSKids Roundtables about state and national adoption recruitment and continued collaborative work (e.g. National AD Council Campaign and Faith-Based Recruitment of Foster/Adoptive Homes).
- Worked with Purchase of Service Vendor for Recruitment and Home Studies, Hawaii Behavioral Health (HBH)---to develop a Comprehensive/Collaborative Recruitment Plan (HBH is the Recruitment Response Team for the AD Council Campaign, partners with Kokua Ohana and other agencies in Hawaiian and Faith-Based recruitment efforts, etc.)
- Accessed federal funding for increased recruitment of Hawaiian foster and adoptive families (Administration for Native Americans awarded grant to Partners in Development Foundation -Kokua Ohana Project.) Began targeted recruitment plan in West Hawaii with on site consultation with

AdoptUsKids, The National Child Welfare Resource Center on Adoption and Harvest Family Life Ministry on faith-based recruitment.

- Centralized targeted recruitment on Oahu through the Kokua Ohana project. Their retention efforts supported all foster families, not just their targeted population. Hawaii Behavioral Health collaborated with Kokua Ohana and other agencies on the recruitment efforts.
- Implemented other recruitment/retention initiatives, e.g., Heart Gallery Hawaii and HOPE, Inc. that focused on teens, children with significant challenges and other hard to place children in finding permanency (“waiting children”).
- Provided improved access to mental health services through partnering with DOH-CAMHD and Medicaid.
- Ongoing integration (intra and interdepartmental) continues to increase other possibilities, such as working with DOH-DD to help with recruitment and retention for the Children with Mental Retardation and Autism.
- Issued RFP for an integrated system and contractor selected to address Recruitment, Home Studies, Training (for licensing and ongoing), Support/Retention for Foster Families---for General and Child-Specific Foster Families.